

**UNITED STATES FEDERAL GOV'T
OPERATORS OF HOTELS, ECT SHOULD NOT ACCPET THIS
CERTIFICATE UNLESS THE OFFICER OR EMPLOYEE PRESENTING
IT SHOWS SATISFACTORY CREDENTIALS**

**TO BE RETAINED BY OPERATORS OF HOTEL,
MOTELS, AND SIMILAR ACOMMODATIONS AS
EVIDENCE OF EXEMPT OCCUPANCY**

**EXEMPTION CERTIFICATE
TAX ON OCCUPANCY OF HOTEL ROOMS**

NAME OF HOTEL, APARTMENT OR LODGING HOUSE _____ DATE _____ 20 _____

ADDRESS

THIS IS TO CERTIFY THAT I, THE UNDERSIGNED AM A REPRESENTATIVE OF THE UNITED STATES GOVERNMENTAL DEPARTMENT AGENCY OR INSTRUMENTALITY INDICATED BELOW; THAT THE CHARGES FOR THE OCCUPANCY AT THE ABOVE ESTABLISHMENT ON THE DATES SET FORTH BELOW HAVE BEEN PAID FOR BY SUCH GOVERNMENTAL UNIT; AND THAT SUCH CHARGES OCCURRED IN THE PERFORMANCE OF MY OFFICAL DUTIES AS A REPRESENTATIVE OR EMPLOYEE OF SUCH GOVERNMENT.

DATES OF
OCCUPANCY _____

(SIGNATURE)

GOVERNMENTAL
UNIT _____

(TITLE)

NOTE-A SEPARATE EXEMPTION CERTIFICATE IS REQUIRED FOR EACH OCCUPANCY AND FOR EACH REPRESENTATIVE OR EMPLOYEE.
GSFC 26-30 (9/2000)